



City of Kuna  
 Planning & Zoning  
 Department

**Time Extension Application**  
**For Final Subdivision Plat**  
**Fee: \$100**

Reason for request:

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Date of Time Extension:

\_\_\_\_\_

For Office Use Only	
File Number (s)	
Project name	
Date Received	
Date Accepted/ Complete	
Cross Reference Files	
City Council Hearing Date	

**Contact/Applicant Information**

Owners of Record: _____	Phone Number: _____
Address: _____	E-Mail: _____
City, State, Zip: _____	Fax #: _____
Applicant (Developer): _____	Phone Number: _____
Address: _____	E-Mail: _____
City, State, Zip: _____	Fax #: _____
Engineer/Representative: _____	Phone Number: _____
Address: _____	E-Mail: _____
City, State, Zip: _____	Fax #: _____

**Subject Property Information**

Subdivision Name: _____
Site Address: _____
Site Location (Cross Streets): _____
Parcel Number (s): _____
Section, Township, Range: _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_